

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002048

Entity Name: MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**15 INDEPENDENCE BLVD.
WARREN, NJ 07059**Current Mailing Address:**P.O. BOX 4602
WARREN, NJ 07059 US**FEI Number:** 22-3818012**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INSURANCE COMMISSIONER,
CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32314-0330 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name ONOUCHI, KURAO
Address 15 INDEPENDENCE BLVD.
City-State-Zip: WARREN NJ 07059

Title OTHER
Name LESKAUSKAS, DAVID R
Address 15 INDEPENDENCE BLVD.
City-State-Zip: WARREN NJ 07059

Title TVD
Name APRILL, PATRICIA
Address 15 INDEPENDENCE BLVD.
City-State-Zip: WARREN NJ 07059

Title STVD
Name TASY, STEPHEN P
Address 15 INDEPENDENCE BLVD.
City-State-Zip: WARREN NJ 07059

Title AS
Name BLACK, PAMELA D
Address 15 INDEPENDENCE BLVD.
City-State-Zip: WARREN NJ 07059

Title COO
Name DALY, MICHAEL
Address 15 INDEPENDENCE BLVD, ATTN:
PAMELA D. BLACK
City-State-Zip: WARREN NJ 07059

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA D. BLACK**ASSISTANT CORPORATE SECRETARY** 04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date